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CONFIRMATION NO. 7210

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APPLICANTS					
Frank J. Bunick, Randolph, NJ; Feng Lin, Havertown, PA;					
** CONTINUING DATA *****					
This application is a DIV of 09/305,027 05/04/1999 PAT 6,627,214 which is a CIP of 09/002,447 01/02/1998 ABN					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED					
** 11/01/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>Z.-F.</i> Initials		STATE OR COUNTRY NJ	SHEETS DRAWING 0	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
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TITLE Ibuprofen composition					
FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)		